

NOV 16 1938

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

34225  
Do not use this space.

1. PLACE OF DEATH

(a) County ..... 2 Registration District No. **791**  
(b) Township ..... Primary Registration District No. **1003**  
(c) City **St. Louis, Missouri.** (d) Street No. **Luthern Hospital** St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. **6** ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. **9211**

2. PRINT FULL NAME **Elda Lorsbach**

(a) Residence, No. .... St. **NR** **Hardin, Illinois.**  
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Single**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **September 18, 1918**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
**20 1 5**

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Beauty Operator**  
9. Industry or business in which work was done, as saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year) **Oct. 15, 1938**  
11. Total time (years) spent in this occupation **2 1/2 yrs.**

12. BIRTHPLACE (CITY OR TOWN) **Hardin, Illinois.**  
(STATE OR COUNTRY)

FATHER 13. NAME **Peter Lorsback**  
14. BIRTHPLACE (CITY OR TOWN) **Hardin, Illinois.**  
(STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME **Myrtle Wieneke**  
16. BIRTHPLACE (CITY OR TOWN) **Brussels, Illinois.**  
(STATE OR COUNTRY)

17. INFORMANT **Mrs. Myrtle Lorsback**  
(ADDRESS) **Hardin, Illinois.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Hardin, Illinois.** DATE **October 26, 38**

19. FUNERAL DIRECTOR (NAME) **Albert H. Hoppe Inc.,**  
(ADDRESS) **4700 Washington Blvd.**

20. FILED **OCT 24 1938** **J. P. Bredeh** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **October 23, 1938**

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at **2:50 P.M.**

The principal cause of death and related causes of importance were as follows:

**Haemorrhage due to Fracture of Cervical spine and decompression of Spinal Cord, suffered in auto accident 12 miles from Jerseyville, Illinois, about 11:30 P.M. Oct. 17, 1938.**

Other contributory causes of importance:

**CAUSE AND MANNER COULD NOT BE DETERMINED**

Name of operation ..... Date of .....  
What test confirmed diagnosis? ..... Was there an autopsy? **Yes**

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? ..... Date of injury ..... 19.....  
Where did injury occur? .....  
(Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury **See Above**  
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? **No.**  
If so, specify **Joseph M. Quinn** M.D.  
(Signed) **Joseph M. Quinn**  
(Address) **Local Registrar**

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, \_\_\_\_\_

\_\_\_\_\_, or by \_\_\_\_\_

Registered Apprentice No. \_\_\_\_\_, working under my personal supervision.

Signed J. G. Sullivan

Licensed Embalmer No. 1122

P. O. Address \_\_\_\_\_

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**